

Hospice Nursing Competency Checklist

NAME	Last	First	Initial	Phone:
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Evaluator	Date
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INSTRUCTIONS: Use the following answer key to indicate the extent of your "previous experience."

(1) NEED INSTRUCTIONS & SUPERVISION (2) NEED REVIEW (3) FEEL COMPETENT TO PERFORM WITHOUT SUPERVISOR (4) FEEL COMPETENT TO ORIENT OTHERS

Skilled Procedures	Previous experience	Verbal/demo Date/Initial	Comments	Skilled Procedures	Previous experience	Verbal/demo Date/Initial	Comments
Standard Precautions				Catheter Care			
Body Mechanics				Checking for Impaction			
Vital Signs				Removal of Impaction			
Assessment of: Cardiopulmonary				Intermittent Self-Catheterization Male/Female			
Respiratory System				Other			
Gastrointestinal System							
Genitourinary System							
Head and Neck							
Neurological System							
Mental Status							
Integumentary System							
Musculoskeletal System							
Pain Management							
Symptom Management							
Caring for the Dying Patient							
Enemas: Fleet							
SSE							
Care of Gastrostomy tube							
Gastrostomy Feedings							
Care of Patient with Suprapubic Catheter							
Bladder Irrigations							
Urinary Catheter Insertion: Indwelling							
To Check Residual							

Care of Patient Requiring IV therapy:				<input type="checkbox"/> will not perform IV care
Procedures	Previous experience	Verbal/Demo comp		Comments
IV Site/ dressing changes				
Changing IV Tubing				
Inserting IV Catheter				
Inserting Butterfly				
Inserting Heparin Lock/Saline Lock				
Changing IV Fluids				
Adding Medication to IV Fluids				
Administering IV Drip Medications				
Operating IV Controller				
Operating IV Pump				
Administering IV Push				
Administering IV Narcotics				
Care of PICC Line				
Care of Groshong Catheter				
Care of Central Venous Catheter				

Signature of Evaluator: _____ Date: _____